Attorney's Ref: WEN/274/US Date: November 21, 2003

MAIL STOP PATENT APPLICATION Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450	718772 718772 12103
Sir:	0/71
Transmitted herewith for filing is the ⊠ Utility ☐ Design patent application of: Inventor(s): Thomas M. Fredericks and Todd J. Smith	55
For: LED AIRCRAFT ANTICOLLISION BEACON	
Enclosed are: 17 Sheets Of Specification 2 Sheet(s) of Drawing(s) Containing Figures 1 – 2 Formal Inform A Return Receipt Postcard. An Assignment Of The Invention A Certified Copy of a Priority Document. A Signed Inventor's Declaration Small Entity Status Claimed by Applicant. Application Data Sheet. Other – Information Disclosure Statement with Form PTO 1449 Other –	nal
☐ If checked, this application is a: ☐ Continuation ☐ Continuation-in-part ☐ Divisional	
Application of prior United States Patent Application No.: previously e (Examiner) in Group/Art Unit	xamined by
For Continuation or Divisional Applications: The entire disclosure of the prior application an oath or declaration is supplied, is considered a part of the disclosure of the continuation or divisional application and is hereby incorporated by reference. The inconly be relied upon when a portion has been inadvertently omitted from the submit parts.	accompanying corporation car
I, hereby certify that this paper or fee is being deposited with the United States "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on October 15 addressed to the "Mail Stop Patent Application, Commissioner For Patents, P. Alexandria, VA 22313-1450". Alexandria	5, 2003, and is O. Box 1450
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The filing fee has been calculated as shown below:						
Design Application For	☐ Small Entity = \$170	☐ Not Small Entity = \$340				
☑ Utility Application With Fee Calculated Below:						
☐ If Checked Applicant Is A SMALL ENTITY						

	<u>CLAIMS</u>			SMALL ENTITY		LARGE ENTITY	
	No. <u>Filed</u>		No. <u>Extra</u>				
Total Claims	20	20=	0	x \$ 9 =	\$	x \$18 =	\$
Independent Claims	3	3=	0	x \$43 =		x \$86 =	
Basic Fee					\$385.00		\$770.00
Multiple Dependent Claims		x \$145		x \$290			
Presented				TOTAL	<u> </u>	TOTAL	<u>\$770.00</u>

•	TOTAL	TOTAL	<u>\$770.00</u>
$\dot{\boxtimes}$	A check in the amount of \$770.00 to cover the filing fee is enclo	sed.	
☐ fee.	Please charge my Deposit Account No. 16-2563 in the amount A duplicate copy of this sheet is enclosed.	of \$	to cover the filing
	The Commissioner is hereby authorized to charge any addition 1.16 associated with this communication or credit any overpaymed A duplicate copy of this sheet is enclosed.		
C 3	The Commissioner is hereby sutherized to sharp food under	7 CED 1 16	and 1.17 required

☐ The Commissioner is hereby authorized to charge fees under 37 CFR 1.16 and 1.17 required during the pendency of this application and to credit any overpayment to Deposit Account No. 16-2563. ☐ A duplicate copy of this sheet is enclosed.

Thomas J. Menard, Reg. No. 42,877

Alix, Yale & Ristas, LLP

750 Main Street – Suite 1400 Hartford, Connecticut 06103-2721

Telephone: (860) 527-9211

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